

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 953398
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2020-04-01 To: 2020-04-30
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR: AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-05-29 09:05 </div>

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	953398	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2020-04-01 To: 2020-04-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-04-01						
2020-04-02						
2020-04-03						
2020-04-04						
2020-04-05						
2020-04-06						
2020-04-07						
2020-04-08						
2020-04-09						
2020-04-10						
2020-04-11						
2020-04-12						
2020-04-13						
2020-04-14						
2020-04-15						
2020-04-16						
2020-04-17						
2020-04-18						
2020-04-19						
2020-04-20						
2020-04-21						
2020-04-22						
2020-04-23						
2020-04-24						
2020-04-25						
2020-04-26						
2020-04-27						
2020-04-28						
2020-04-29						
2020-04-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-05-29 09:05 </div>
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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	953398 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 402 2020-04-01 To: 2020-04-30 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date 2020-05-29 09:05	

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SUBMISSION ID:	953398	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	402
	Ashley, OH 43003	MONITORING PERIOD :	2020-04-01 To: 2020-04-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-04-01						
2020-04-02						
2020-04-03						
2020-04-04						
2020-04-05						
2020-04-06						
2020-04-07						
2020-04-08						
2020-04-09						
2020-04-10						
2020-04-11						
2020-04-12						
2020-04-13						
2020-04-14						
2020-04-15						
2020-04-16						
2020-04-17						
2020-04-18						
2020-04-19						
2020-04-20						
2020-04-21						
2020-04-22						
2020-04-23						
2020-04-24						
2020-04-25						
2020-04-26						
2020-04-27						
2020-04-28						
2020-04-29						
2020-04-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-05-29 09:05 </div>
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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	953398 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2020-04-01 To: 2020-04-30 AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06							
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20							
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-05-29 09:05	

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SUBMISSION ID:	953398	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	403
	Ashley, OH 43003	MONITORING PERIOD :	2020-04-01 To: 2020-04-30
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-04-01						
2020-04-02						
2020-04-03						
2020-04-04						
2020-04-05						
2020-04-06						
2020-04-07						
2020-04-08						
2020-04-09						
2020-04-10						
2020-04-11						
2020-04-12						
2020-04-13						
2020-04-14						
2020-04-15						
2020-04-16						
2020-04-17						
2020-04-18						
2020-04-19						
2020-04-20						
2020-04-21						
2020-04-22						
2020-04-23						
2020-04-24						
2020-04-25						
2020-04-26						
2020-04-27						
2020-04-28						
2020-04-29						
2020-04-30						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-05-29 09:05 </div>
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SUBMISSION ID:	953398	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	602
	Ashley, OH 43003	MONITORING PERIOD :	2020-04-01 To: 2020-04-30
COUNTY:	Morrow	REPORTING LAB:	Brookeside
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06	1.1445	1.9000	.00014	26.6932	.09020	.00138	1.066
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13	1.3155	1.000					
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20	2.056	2.2000	.00014	26.5780	.1054	.00138	.9920
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27	.0039	2.000					
2020-04-28							
2020-04-29							
2020-04-30							
Minimum	0.0039	1.0	1.4E-4	26.578	0.0902	0.00138	0.992
Maximum	2.056	2.2	1.4E-4	26.6932	0.1054	0.00138	1.066
Average	1.12998	1.775	0.00014	26.6356	0.0978	0.00138	1.029
Count	4	4	2	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-05-29 09:05	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	953398 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 602 2020-04-01 To: 2020-04-30 Brookeside Kari Long
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-04-01							
2020-04-02							
2020-04-03							
2020-04-04							
2020-04-05							
2020-04-06	38.382	1	8.39	.2400	.00016	.00014	
2020-04-07							
2020-04-08							
2020-04-09							
2020-04-10							
2020-04-11							
2020-04-12							
2020-04-13							
2020-04-14							
2020-04-15							
2020-04-16							
2020-04-17							
2020-04-18							
2020-04-19							
2020-04-20	40.1340	1	8.19				
2020-04-21							
2020-04-22							
2020-04-23							
2020-04-24							
2020-04-25							
2020-04-26							
2020-04-27							
2020-04-28							
2020-04-29							
2020-04-30							
Minimum	38.382	1.0	8.19	0.24	1.6E-4	1.4E-4	
Maximum	40.134	1.0	8.39	0.24	1.6E-4	1.4E-4	
Average	39.258	1		0.24	0.00016	0.00014	
Count	2	2	2	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
<div style="font-size: 2em; margin: 0;">Jeff</div> <div style="font-size: 1.2em; margin: 0;">Williamson</div>						Certification Version Date 2020-05-29 09:05	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2020-04-01 To: 2020-04-30

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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